2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000045514

Entity Name: TRE FRATELLI RESTAURANT INC

4740 SAUFLEY FIELD RD

PENSACOLA, FL 32526

Address:

City-St-Zip:

FILED May 28, 2009 Secretary of State

y		ELLINEO MONOTONIO IIVO.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	'H ALCANIZ ST DLA, FL 32501	REET US		HALCANIZ STR LA, FL 32502	EET US	
Current M	lailing Address	:	New Maili	New Mailing Address:		
304 SOUTH ALCANIZ STREET PENSACOLA, FL 32501 US				304 SOUTH ALCANIZ STREET PENSACOLA, FL 32502 US		
FEI Number:	: 59-3340727	FEI Number Applied For ()	FEI Number Not Appl	icable () C	ertificate of Status Desired ()	
Name and	l Address of C	ırrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
SOREL, ROBERT T 304 SOUTH ALCANIZ PENSACOLA, FL 32501 US			304 SOUTH	SOREL, ROBERT T 304 SOUTH ALCANIZ PENSACOLA, FL 32502 US		
	named entity so e of Florida.	ubmits this statement for the p	urpose of changing it	s registered offic	e or registered agent, or both,	
SIGNATUR	RE:			05/28/2009		
	Electroni	Signature of Registered Age	nt		Date	
		(2)(b), F.S., the corporation did no Trust Fund Contribution ().	t receive the prior notic	е.		
	S AND DIRECT	` '	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	P () I RUSSO, EMILIO 6175 ALICIA DR PENSACOLA, FL		Title: Name: Address: City-St-Zip:	() Cr	nange()Addition	
Title: Name: Address: City-St-Zip:	VP () I RUSSO, SEBAS' 3145 MARCUS F PENSACOLA, FL	OINTE BLVD.	Title: Name: Address: City-St-Zip:	VP (X) CI RUSSO, MARIO 6182 ALICIA DRIV PENSACOLA, FL		
Title: Name: Address: City-St-Zip:	SECR () I RUSSO, MARIO 6182 ALICIA DR PENSACOLA, FL		Title: Name: Address: City-St-Zip:	T, D (X) CI SOREL, ROBERT 4681 PINE LANE PACE, F 32571 U	nange()Addition	
Title: Name:	T, D (X) SOREL, ROBER	Delete T T	Title: Name:	() Cł	nange () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: ROBERT T. SOREL T 05/28/2009